**Notice of Exempt** Offering of Securities SEC Mail Processing

FEB 17 2009

Section

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#### U.S. Securities and Exchange Commission Washington, DC 20549

(See instructions beginning on page 5)

Intentional misstatements or omissions of fact constitute federal criminal violations. Specific U.S.C. 1001.

Item 1. Issuer's Identity Name of Issuer Entity Type (Select one) Previous Name(s) ■ None Corporation Proventix Systems, Inc. 冈 **Limited Partnership** Jurisdiction of Incorporation/Organization **Limited Liability Company** Delaware General Partnership **Business Trust** Year of Incorporation/Organization Other (Specify) (Select one) ( Within Last Five Years Yet to Be Formed Over Five Years Ago (specify year) (If more than one issuer is filing this notice, check this box 🔲 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information 2 2003 Street Address 1 Street Address 2 4518 Valleydale Road, Suite 203 1 Phone No City State/Province/Country ZIP/Postal Code Birmingham Alabama 35242 **Item 3. Related Persons** Last Name First Name Middle Name Nix Harvey Street Address 2 Street Address 1 3115 Keystone Drive State/Province/Country ZIP/Postal Code City Alabama 35242 Birmingham Promoter Relationship(s): Clarification of Response (if Necessary) (identify additional related persons by checking this box  $oxed{oxtime}$  and attaching item 3 Continuation Page(s). ) Item 4. Industry Group (Select one) **Business Services** Agriculture Construction **Banking and Financial Services** Energy **REITS & Finance** Commercial Banking **Electric Utilities** Residential **Energy Conservation** Insurance Other Real Estate Coal Mining Investing Retailing Investment Banking **Environmental Services** Restaurants Oil & Gas Pooled Investment Fund Technology Other Energy If selecting this industry group, also select one fund Computers type below and answer the question below: **Health Care** Telecommunications Hedge Fund Biotechnology Other Technology ◉ Private Equity Fund Health Insurance Venture Capital Fund Travel Hospitals & Physcians **Airlines & Airports** Other Investment Fund **Pharmaceuticals Lodging & Conventions** Is the issuer registered as an investment Other Health Care company under the Investment Company **Tourism & Travel Services** Manufacturing Act of 1940? Yes Other Travel **Real Estate** Other Banking & Financial Services Other Commercial

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Item 5. Issuer Size (Select one)	
Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)  No Revenues	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)  No Aggregate Net Asset Value
\$1 - \$1,000,000	\$1 - \$5,000,000
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000
Over \$100,000,000	Over \$100,000,000
C Decline to Disclose	O Decline to Disclose
Not Applicable	O Not Applicable
Item 6. Federal Exemptions and Exclusions Clai	imed (Select all that apply)
In	vestment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1) Section 3(c)(9)
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)
Rule 505	Section 3(c)(5) Section 3(c)(13)
<b>⊠</b> Rule 506	Section 3(c)(6) Section 3(c)(14)
Securities Act Section 4(6)	Section 3(c)(7)
Item 7. Type of Filing	
New Notice OR   • Amendmen	nt .
Date of First Sale in this Offering:	OR First Sale Yet to Occur
Item 8. Duration of Offering	
Does the issuer intend this offering to last more than	one year? Yes 🔀 No
Item 9. Type(s) of Securities Offered (Select	all that apply)
<b>⊠</b> Equity	Pooled Investment Fund Interests
☐ Debt	Tenant-in-Common Securities
Option, Warrant or Other Right to Acquire Another Security	<ul><li>☐ Mineral Property Securities</li><li>☐ Other (Describe)</li></ul>
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
Item 10. Business Combination Transaction	
Is this offering being made in connection with a busin transaction, such as a merger, acquisition or exchange offe	
Clarification of Response (if Necessary)	

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tem 11. Minimum Investment																
Minimum investment accepted from a	any outside i	invest	or	\$	100,00	0.00								]		
tem 12. Sales Compensation																
ecipient					Recip	ent (	RD N	lumb	oer .						•	
														No CRD N	Num	ber
ssociated) Broker or Dealer	None				(Asso	iate	d) Bro	kerd	or Deal	ler C	RD Nur	nber	_			
														No CRD N	lum	ber
treet Address 1					Street	Addr	ess 2									
ity		State	/Provir	nce/	Countr	<u>/</u>	ZIP/I	Post	al Cod	e						
tates of Solicitation All States			<i></i>	_	<u></u>	7.5	\r		DC	_	-	$\overline{}$	GA	Пн		] ID
X AL □AK □AZ □ AR □ IL □ IN □ IA □ KS	☐ CA	_=	CO LA	=	CT ME		E AD	片	MA	끔	FL MI		MN	MS MS	-	MO
MT NE NV NH	<u></u>		NM		NY		iC		ND		ОН		OK	OR		PA
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(Identify additional per	son(s) being	paid c	ompen	sati	on by c	hecki	ng th	is bo	× 🗌	and	attach	ing It	em 12	Continua	tion	Page
tem 13. Offering and Sales A	mounts															
(a) Total Offering Amount	\$ 1,500,0	\$ 1,500,000.00								OR		Indef	inite			
(a) Total Offering Amount	OR Indefinite															
(b) Total Amount Sold	450,00	\$ 450,000.00														
(c) Total Remaining to be Sold (Subtract (a) from (b))	\$ 1,050,000.00							OR		Inde	finite					
Clarification of Response (if Necessary)											_			_		_
Item 14. Investors																
Check this box if securities in the o	ffering have	heen o	or may	be s	old to s	erso	ns wh	no de	o not o	uali	fv as ac	credi	ted inv	estors, ar	nd er	nter th
number of such non-accredited invest	ors who alre	ady ha	ve inve	este	d in the	offe	ing:	Γ			,			·		
								_								
Enter the total number of investors w	ho already h	ave inv	vested i	in th	ne offeri	ng:	8	<u> </u>								
Item 15. Sales Commissions	and Finde	ers' F	ees I	EX	pense	8										
Provide separately the amounts of sale check the box next to the amount.	es commissio	ons and	d finde	rs' fe	ees exp	ense:	s, if aı	ny. I	lf an ar	nou	nt is no	t kno	wn, pr	ovide an	estir	nate a
				5	Sales Co	mmi	ssions	s \$						Estir	nate	:
Clarification of Response (if Necessary)					Fi	nders	' Fees	\$\$						Estir	nate	•

number.

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tem 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as effectors or promoters in response to Item 3 above. If the amount is unkestimate and check the box next to the amount.	executive officers, \$ 250,000.00
Clarification of Response (if Necessary)	
Signature and Submission	
Please verify the information you have entered and review the	Ferms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each id	lentified issuer is:
undertaking to furnish them, upon written request, in accordating line of the Secretary of the State in which the issuer maintains its principal place of buryoness, and agreeing that these persons may accept service of such service may be made by registered or certified mail, in an against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exchologorous Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of business Certifying that, if the issuer is claiming a Rule 505 except the reasons stated in Rule 505(b)(2)(iii).  **  This undertaking does not affect any limits Section 102(a) of the National Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to require overed securities" for purposes of NSMIA, whether in all instances of the state of the States of the SMIA, whether in all instances of the SMIA in the SMI	emption, the Issuer is not disqualified from relying on <u>Rule 505 for one of</u> clonal Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, lire Information. As a result, if the securities that are the subject of this Form D are rule to the nature of the offering that is the subject of this Form D, States cannot
routinely require offering materials under this undertaking or otherwise under NSMIA's preservation of their anti-fraud authority.	ise and can require offering materials only to the extent NSMIA permits them to do
	to be true, and has duly caused this notice to be signed on its behalf by the I attach Signature Continuation Pages for signatures of issuers identified
issuer(s)	Name of Signer
Proventíx Systems, Inc.	BYRON L. HENRY
Signature	Title ,
13m2/	SR. VICE President
Number of continuation pages attached:	212/09
Persons who respond to the collection of information contained in ti	his form are not required to respond unless the form displays a currently valid OMB

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#### **Item 3 Continuation Page**

Item 3. Related Persons (Continued) Last Name First Name Middle Name Henry Byron Street Address 1 Street Address 2 3316 Shetland Trace State/Province/Country City ZIP/Postal Code Alabama 35242 Birmingham X Executive Officer X Director ☐ Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Taylor Thomas Street Address 2 Street Address 1 8131 Castle Hill Road State/Province/Country ZIP/Postal Code City 35242 Alabama Birmingham Relationship(s): Executive Officer Director Promoter Clarification of Response (if Necessary) Middle Name Last Name First Name McLaughlin Richard Street Address 2 Street Address 1 4404 Corinth Drive State/Province/Country ZIP/Postal Code City 35213 Alabama Mountain Brook Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Middle Name Last Name First Name Street Address 2 Street Address 1 State/Province/Country ZIP/Postal Code City Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) (Copy and use additional copies of this page as necessary.)

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Form D 9